

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 03-01

2. STATE: Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid

4. PROPOSED EFFECTIVE DATE July 1, 2002

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

## 6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

## 7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 3,350,000

b. FFY 2003 \$ 3,350,000

## 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Page 15B (03-1)

Attachment 4.19 A+B pages 57 + 57A

## 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1A, Page 15B (96-10)

Attachment 4.19 A+B, pg. 57

## 10. SUBJECT OF AMENDMENT:

This amendment is necessary to change in-home therapeutic intervention currently used in the State Plan, to therapeutic behavioral services. This language reflects the terminology currently used by mental health and developmental disability providers.

## 11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

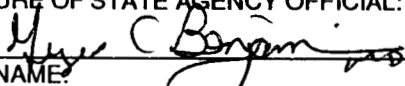
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director  
Office of Health Services

## 12. SIGNATURE OF STATE AGENCY OFFICIAL:



## 13. TYPED NAME:

Georges C. Benjamin, M.D.

## 14. TITLE:

Secretary

## 15. DATE SUBMITTED:

September 4, 2002

## 16. RETURN TO:

Susan J. Tucker, Executive Director  
Office of Health Services  
Maryland DHMH  
201 West Preston Street, Room 124  
Baltimore, Maryland 21201

## FOR REGIONAL OFFICE USE ONLY

## 17. DATE RECEIVED:

September 6, 2002

## 18. DATE APPROVED:


APR 25 2003

## PLAN APPROVED - ONE COPY ATTACHED

## 19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2002

## 20. SIGNATURE OF REGIONAL OFFICIAL:

  
21. TYPED NAME: Mary T. McSorley  
22. TITLE: Associate Regional Administrator  
Division of Medicaid + Children's Health

## 23. REMARKS:

Attachment 4.19 A+B, pages 57 and 57A.

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Program	Limitations
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found	<p>6. Dental services are limited on initial and periodic dental examinations to one per recipient per six month period. This limitation will be waived if medical necessity can be justified. Pit and fissure sealants are covered only for the occlusal surfaces of posterior permanent teeth that are without restorations or decay.</p> <p>7. Vision services including eye examinations and eyeglasses or contact lenses are generally limited to no more than once a year, following a referral from a certified medical EPSDT provider who has performed a vision screening, or a physician or optometrist who has performed an equivalent screening. These limitations will be waived if medical necessity can be justified.</p> <p>8. To participate in the Maryland Medical Assistance Program as an EPSDT referred services provider for alcohol and drug abuse outpatient counseling services, targeted case management services, chiropractic services, therapeutic behavioral services, medical day care for medically fragile and technology dependent children, nurse psychotherapy services, nutritional counseling services, occupational therapy services, psychological services, social work services, speech therapy services, and therapeutic nursery services, a provider shall:</p> <p>a. Gain approval by the EPSDT screening provider every 6 months for continued treatment. This approval must be documented by the EPSDT screening provider and the EPSDT referred services provider in the recipient's medical record; and</p> <p>b. Have experience rendering services to individuals from birth to 21 years old.</p>

TN NO. 03-1

Supersedes

TN NO. 96-10

APR 25 2003

Approval Date \_\_\_\_\_ Effective Date JULY 1, 2002

Occupational therapy services delivered by licensed occupational therapists.

Speech therapy services delivered by a speech language pathologist who is licensed to practice in the jurisdiction in which services are provided or delivered by or under the direction of a speech language pathologist who has: (a) A certificate of clinical competence from the American Speech and Hearing Association, (b) Completed the equivalent educational requirements and work experience necessary for the certificate in (a) above, or (c) Completed the academic program and is acquiring supervised work experience to qualify for the certificate in (a) above.

The rehabilitative services covered include: certified outpatient alcohol and drug abuse programs; medical day care for medically fragile and technology dependent children; mental health counseling services delivered by psychologists certified by the Maryland State Department of Education, therapeutic nursery programs; and therapeutic behavioral services for children with an identified maladaptive behavior. The maladaptive behavior exhibited must be related to a mental health diagnosis or problem and be potentially dangerous or harmful to self or others, disruptive, or developmentally inappropriate based on previously acquired skills.

Rehabilitative services do not include the following: habilitation services; custodial care; personal care to assist children with activities of daily living; or respite for parents.

Therapeutic behavioral services (TBS) consist of two components: behavioral assessment, including a behavior plan developed by a licensed or certified practitioner under Health Occupation Article, Annotated Code of Maryland, and therapeutic behavior aide services rendered by a therapeutic behavior aide in accordance with the behavior plan of care. Therapeutic behavior aides are health care professionals or non-professionals supervised by a licensed or certified practitioner under Health Occupation Article, Annotated Code of Maryland trained to modify inappropriate behavior using clinically accepted techniques.

Therapeutic behavioral services must be preauthorized as medically necessary. The services will only be authorized when the behavior plan has the potential to restore the child's previously acquired behavior skills and will likely enable the child to develop appropriate behavior skills to respond to the social/emotional challenges faced in the progression of expected stages of growth and development. The services are intended to provide the child with behavioral management skills; assist the child to maintain impulse control; improve the child's interpersonal communication; and reverse negative and potentially dangerous behaviors.

Behavior plans must be goal oriented, individualized, and specifically address how the therapeutic behavior aide will alter the environmental events, i.e., environmental factors, antecedent, and consequent events, activities, and responses. Techniques, such as structured support, modeling, time-out strategies, crisis intervention techniques, and positively reinforcing the desired appropriate behavior, will be employed. The Therapeutic Behavior Aide is also expected to teach the family these techniques.

Private duty nursing services delivered by licensed registered nurses and licensed practical nurses supervised by licensed registered nurses.

Targeted case management services.

Durable medical equipment or supplies not otherwise covered under the State Plan.

Inpatient psychiatric services for individuals under age 21 year with a primary diagnosis of drug and alcohol abuse (treatment is provided in intermediate care facilities which meet the federal inpatient psychiatric services requirements for individuals under 21 years as defined in 42 CFR 441.150 and are accredited by the Joint Commission on Accreditation of Healthcare Organizations).

The reimbursement methodology for EPSDT Diagnostic & Treatment Related Services delivered by school providers or local lead agencies in school-based or early intervention settings will be based on cost.

Otherwise, the reimbursement for all the above services, including therapeutic behavioral services, will be the lower of: (1) the provider's customary charge to the general public; or (2) the Department's fee schedule.

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TN No. 03-01  
Supersedes  
TN No. New

Approval Date APR 25 2003

Effective Date JULY 1, 2002